



HARFORD MUTUAL
INSURANCE GROUP

Property First Notice of Loss

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

GENERAL INFORMATION

Policyholder Name _____ Policy Number _____

Policyholder Email _____ Policyholder Phone _____

Mailing Address _____ City _____ State ____ Zip _____

Contact Name *(if different than above)* _____

Contact Email _____ Contact Phone Number _____

LOSS DETAILS

Date of Loss *(mm/dd/yy)* _____ Time of Loss *(if known)* _____ __ AM __ PM

Address Where Loss Occured _____

Name of Apartment Complex, Building Number, or Unit Number Involved *(If Applicable)* _____

Description of Loss & Damage

Police or Fire Department Contacted? __ Yes __ No If Yes, Report number _____

ADDITIONAL INFORMATION

Agent _____ Date Reported *(mm/dd/yy)* _____

Loss Reported By _____ Loss Reported To _____

Comments/Injuries (Severity/Instructions/Other Parties Involved)